Curriculum and quality in Health Sciences Education

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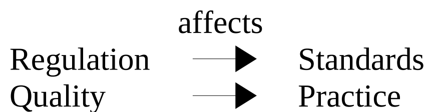
The "quality industry"

- Quality is driven my moral panic
- Globalisation is important
- There is a political imperative to control the profession
- Professional responsibility

Actual quality depends on who controls the agenda.



The problem with regulation...

- It has an inability to control the practical application of guidance and standards that can lead to a decline in the scientific content of the medical curriculum.

- **Weak models** of regulation include:
  - Risk based
  - Principles based
  - Outcomes based

- Political independence?
- Difficulty to know what *actually happens*
- There is a confused relationship between regulation and quality
- Can quality be guaranteed by regulators?
- The responsibility for quality assurance should lie within professional bodies, not regulatory bodies.

Quality in medical education

- Should be based on the purpose of education
- The purpose must be expressed in the curriculum
- Quality assurance must also be expressed in the curriculum

The curriculum

The curriculum **belongs** to the profession.

Curriculum - A statement of the intended aims and objectives, outcomes, content, experiences and processes of an educational programme and forms the basis of quality assurance.

There are eight standards covering the curriculum planning and implementation process, published by the Postgraduate Medical Education and Training Board (PMETB), including:

- Purpose must be stated
- It must describe how it was developed
- The appropriateness to the stage of education
- Specific content formed from general content
- Content should link outcomes to the stages of training
- Recommend learning experiences

The curriculum should use the **CanMEDS framework** when designing it's content (CanMEDS is a framework for determining the competency of physicians. As such it is obviously heavily biased towards medical students but the framework is also a useful guide for other health professionals). The guide can be downloaded from http://rcpsc.medical.org/canmeds/CanMEDS2005/index.php

The **Model of learning** should include a balance of experiential and independent learning and should evaluate "how learning is done", in terms of knowledge, skills and attitudes.

Immersion in practice

- Learning from practice
- Concentrated practice
- Learning from peers
- Feedback and supervision are important

"The curriculum on paper is not the same as the curriculum in practice"

The **design** of the curriculum is an *expression* of the profession and is the basis of quality:

- Designed by the profession;
- Who can consult others
- Should be done according to sound educational principles
- Avoid rhetoric

The curriculum should remain in the hands of the profession.

Quality is **not**:

- About inspection
- Externally imposed standards
- A political imperative
- Driven by moral panic
- About globalisation

Quality **is** reflecting on values and context

There is a responsibility by the profession to lead and ensure standards.